

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Julius C. Bochko  
A 380-201  
P.O. Box 120  
Lebanon, OH 45036

C-1-02-141, DOCS. 16 & 17

2. Article Number  
(Transfer from service label)

7001 2510 0008 6347 9290

PS Form 3811, August 2001 SSB Domestic Return Receipt

102595-02-M-0835

ACTION ON DELIVERY

A. Signature *clc*  
*X Michael R. Montano* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes